

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8	1					
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TOTAL IND.	1					
TOTAL DEP.	10	↔	↔	↔		
TOTAL CLAIMS	11	████████	████████	████████		

51		IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.							
TOTAL DEP.		↔	↔	↔			
TOTAL CLAIMS		████████	████████	████████			